



Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Model Number: 12V500	
	CALIBRATION RESULTS
	Reference Simulator Temperature 34.01 Temperature 33.98
This calibration was performed with NIST-Traceable Thermometer SN:	h
This simulator was tested by:	JLC
This testing was performed:	11/18/15
This certification expires:	11/18/16
Signature of certifying DHSS Scien	itist:
Name of certifying DHSS Scientist:	Ellen R. Strawsine

Missouri State Highway Patrol

MP2475

Guth

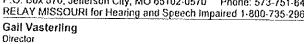
Agency:

Serial Number:

Manufacturer:



Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466





Jeremiah W. (Jay) Nixon Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

BREATH ALCOHOL SIMULATOR TEST WORKSHEET

Test Simulator Infor	mation				
Agency	Missouri State Highway Patrol			CD055	7.7
Email for COC	Jimmy.cleve	eland@mshp.dps.mo	o.gov		•
Serial Number:	MP24	75			
Manufacturer:	Guth		Total Control	O 8888 258	==
Model Number:	12V500		Additional to the second secon	EAT CONTROL CO	
NIST-Traceable Refe	rence Thermo	meter Information		COPY OF LABEL PLACED ON SIMULATOR COPY OF LABEL PLACED ON SIMULATOR TOTAL SALVANO SALVANO	Dix cimplator beck
Serial Number:	306	168		NO C	de a del
Date of Certification:	08/1	3/2015		CEL	ar steel s
Date of Expiration:	08/1	3/2016	The state of the s	T A L	<u>ئ</u> ۋ
Test Simulator Measu	irements		C)	138 F. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
		Reference		I.B. Service	i
	Readings	Thermometer	Test Simulator	0 %	1
	<u> </u>	34.01	33.98	COF	
	2	34.01	33 98		
	3	34.01	33.98		
	4	34 Ø1	33.98		***************************************
Turney of	5	34 01	33.98		
Bias (δτ):	-	<u>K</u> 3_			
Technician performing	g testing:	Jimmy Cleveland			
I hereby certify that all data sof Breath Alcohol Simulators	submitted within t s and 19 CSR 25-3	his form was collected in 30.051, <u>Breath Analyzer (</u>	accordance with the DHSS Calibration and Accuracy V	Procedure for the Testing Perification Standards.	
Signature:	SUA	· · · · · · · · · · · · · · · · · · ·	Date: <u>//-/8/5</u>	• ···········	
Submit completed forms for s	simulator certifica <u>brian lutmer@k</u>	tion to DHSS Breath Alca walth.mo.gov or breathal	ohol Program by fax at (\$7] cohol(à.hvalth.mo.yov.	3) 840-9139 or by email at	

www.health.mo.gov